

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| | | | |
|--|--|---------------------------------|------------------------|
| <p><i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3> | | <p>Complete if Known</p> | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/553,862-Conf. #6571 |
| | | Filing Date | October 21, 2005 |
| | | First Named Inventor | Koji TSUCHIDA |
| | | Examiner Name | T. Dicus |
| | | Art Unit | 1794 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 1,920.00 |
| | | Attorney Docket No. | 3273-0215PUS1 |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| FEE CALCULATION | | | | | | | | | | | | | | | | | | | |
|---|---------------------|---|----------------------|----------------------------------|----------------------|-----------------------|----------------------|---------------------|-----------------|----------------------|----------------------------------|--|----|------------|---|---|-----------------|----------------------|--|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) | | | | | | | | | | | | |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | | | | | | | | | | | | | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | _____ | | | | | | | | | | | | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | _____ | | | | | | | | | | | | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | _____ | | | | | | | | | | | | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | _____ | | | | | | | | | | | | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | _____ | | | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | Small Entity | | | | | | | | | | | | |
| Fee Description | | | | | | | Fee (\$) | | | | | | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | | 52 | | | | | | | | | | | | |
| Each independent claim over 3 (including Reissues) | | | | | | | 220 | | | | | | | | | | | | |
| Multiple dependent claims | | | | | | | 390 | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"><u>Total Claims</u></td> <td style="width: 20%;"><u>Extra Claims</u></td> <td style="width: 20%;"><u>Fee (\$)</u></td> <td style="width: 20%;"><u>Fee Paid (\$)</u></td> <td style="width: 20%;"><u>Multiple Dependent Claims</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>14</td> <td>- 20 or HP</td> <td>x</td> <td>=</td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> </table> | | | | | | | <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | | 14 | - 20 or HP | x | = | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | |
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | | | | | | | | | | | | | | | |
| 14 | - 20 or HP | x | = | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | | | | | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"><u>Indep. Claims</u></td> <td style="width: 20%;"><u>Extra Claims</u></td> <td style="width: 20%;"><u>Fee (\$)</u></td> <td style="width: 20%;"><u>Fee Paid (\$)</u></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>1</td> <td>- 3 or HP</td> <td>=</td> <td>x</td> <td>=</td> <td></td> </tr> </table> | | | | | | | <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | 1 | - 3 or HP | = | x | = | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | | | | | | | | | | | | | |
| 1 | - 3 or HP | = | x | = | | | | | | | | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | | | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | | | | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | | | | | | | | | | | | |
| _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ | | | | | | | | | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | Fees Paid (\$) | | | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | | | | | | | | | |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... | | | | | | | 810.00 | | | | | | | | | | | | |
| 1253 Extension for response within third month | | | | | | | 1,110.00 | | | | | | | | | | | | |

| | | | |
|---------------------|---------------------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | <i>Raymond C. Stewart</i> | Registration No. (Attorney/Agent) | 32,181 |
| Name (Print/Type) | Marc S. Weiner # 21,000 | Telephone | (703) 205-8000 |
| | | Date | April 9, 2009 |